City of Hendersonville 145 Fifth Avenue East Hendersonville, NC 28792

Customer Service Contacts

Ph# (828) 697-3052 Fax (828) 697-1707

Email: <u>rebates@hvlnc.gov</u>

City of Hendersonville **Rebate Application** *For Office Use Only*

Account Number Customer ID #

Return **application** with all required documentation as specified in the program guidelines application for your rebate program of interest. Please note, all material must be provided for a rebate to be granted or considered. You may mail all material to the above address or email us at the email address above. Please identify rebate program on the mailing envelope. Guidelines and application material can be found at: http://www.hendersonvillenc.gov/rebate-programs



Basic Information: Rebate Program (please ide ☐ High Efficiency Toilet Prog ☐ High Efficiency Clothes W Please identify whether you	gram asher Program			gation System r Side Shut-off		
Please identify whether you Residential or Commercial C		Change: □ Residential		□ Commercial		
*If you are a commercial cl Please review the program					xclusively fo	r residential customers only.
			Tay ID #·			
Water Account Number:				mercial custom		
Customer Name:					,	
Billing Address:						
Phone Number		Email	Address			
Service Address (if different	.)					
Rebate Information: All Re	ceipts must be s	ubmitted wit	h the Applicat	ion Form		
For Toilet Rebates Only			Make			
Replaced Toilet Information			Model			
			Volume			
			Per Flush			
If more than one toilet repla	aced, please prov	vide the abov		for each additi	ional toilet r	eplaced:
Make						
Make	Model		Volume Per F	-lush		
Make	Model		Volume Per F	lush		
				n Gallons per Fl		
						ght of the Water Level in the
Tank, B-the Width of the W			Depth of the V	Vater Level in 1	ank below.	
Toilet 1 A X B	x C					
Toilet 2 (if applicable) A	X B	x C				
Toilet 3 (if applicable) A						
Toilet 4 (if applicable) A	X B	x C				
For Toilet Rebates Only						
New Toilet Information						
Make:						
Model:						

Volume Per Flush:		Purcl	nase Pr	ice (not includi	ing Taxes):			
If more than one toilet repla	iced, please provid	e the above info	rmatior	for each new	toilet purchased:			
Make	Model	Volui	ne Per	Flush	Purchase Price			
					Purchase Price			
Make		Volume Per Flush Purchase Price						
	*Volume	per Flush as mea	isured i	n Gallons per I	Flush			
Please also provide the Purc		tersense Status j	for eacl	new toilet				
Toilet 1 Purchase Date					Approved Yes or No?			
Toilet 2 (if applicable) Purchase Date				Watersense-Approved Yes or No?				
Toilet 2 (if applicable) Purchase Date			Watersense-Approved Yes or No?					
Toilet 2 (if applicable) Purch	ase Date			Watersense	-Approved Yes or No?			
Rebate Information: All Red	reipts must be subr	nitted with the A	pplicat	ion Form				
For All Other Rebate Programs New Device Information		Make						
		Model/ Model	#					
		Purchase Date						
For Shut-Off Valve, NC Plum		Plumber		I				
For Shut-Off Valve, Valve Siz	e (in Inches)							
For Smart Irrigation Control		igation system	□ New Irrigation System					
or are you replacing an old o	controller?		□Replacing an Old Controller					
For Smart Irrigation Control	<i>ler,</i> is the controlle	r Smart-Water	□ Yes					
Approved?			□ No					
For Clothes Washer, is the clothes washer Energy-Star ®			□ Yes					
Approved?	gy Star	□ No						
application does no 2. I also agree that I ha the mandated mate	itting this applicati t guarantee or obli ave reviewed the g rial in a timely man this application or i	ge the City to pruidelines for the nner.	ates are ovide a rebate	e offered at the rebate. I have applied	e discretion of the City. Submitting an for. I have submitted or will submit snowledge that my application for a			
ignature:			Date: _					
		For Office \	Jse On	ly				
Application Approved r Disapproved?	□ Approved □ Disapproved		omme	nts/Notes:				
ustomer Service Team Le	ader Signature				Date			